

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Number

09/511,362

Confirmation No.:

4127

Applicant

: SULLIVAN

Filed

: February 23, 2000

Title

MUTUAL FUND CARD METHOD AND SYSTEM

TC/Art Unit

: 3624

Examiner:

A. L. BASHORE

RECEIVED

Docket No.

47004.000067

JUN 2 5 2004

Customer No.

21967

GROUP 3600

REQUEST FOR RECONSIDERATION UNDER 37 C.F.R. § 1.111

MAIL STOP: AMENDMENT Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir/Madam:

I. Introductory Comments

In response to the non-final Office Action issued on April 21, 2004 ("Office Action"), Applicant respectfully requests reconsideration on the basis of the amendment and remarks set forth herein. Applicant submits that the application is in condition for allowance, and respectfully requests same.

Applicant greatly appreciates the courtesies extended by the Examiner during the interview conducted on June 9, 2004, which Applicant believes was very helpful in advancing prosecution of this application.

Amendment to the claims begins on page 2 of this paper.

Remarks/Argument begin on page 9 of this paper.



June 23, 2004

INTELLECTUAL PROPERTY DEPARTMENT **HUNTON & WILLIAMS LLP** 1900 K STREET, N.W. WASHINGTON, D.C. 20006-1109

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Transmitted herewith is an amendment in the above-identified application. Fees have been calculated as shown below:

CLAIMS AS AMENDED								
		Claims Remaining After	Highest Number Previously Paid			ate		
		Amendment	For	Extra	Large Entity	Small Entity	Amount	
Number of Claims in Excess of 20		33	59	0	\$ 18.00	\$ 9.00	\$ 0.00	
Independent Claims in Excess of 3		4	4	0	\$ 86.00	\$ 43.00	\$ 0.00	
First Presentation of Multiple Dependent Claims					\$ 290.00	\$ 145.00	\$ 0.00	
Extension Fee:	a) One Month			_	\$ 110.00	\$ 55.00	\$ 0.00	
	b) Two Month	S			\$ 420.00	\$ 210.00	\$ 0.00	
	c) Three Mont	hs			\$ 950.00	\$ 475.00	\$ 0.00	
	d) Four Month	s			\$1480.00	\$ 740.00	\$ 0.00	
	e) Five Month	s			\$2010.00	\$1005.00	\$ 0.00	
Other:							\$ 0.00	
TOTAL FEE DUE							\$ 0.00	

	No additional fee is required. A check in the amount of \$ is attached. Charge \$ to Deposit Account No. 50-0206. Charge any additional fees or credit any overpayment to Deposit Account No. 50-0206.					
	Small Entity Status Claim:	is hereby requested.	is of record in this application.			
		Respectfully submitted,				
		Ву:	Stephen T. Schreiner			
STS/bvh	h		Registration No. 43,097			